Exhibit A

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF SOUTH CAROLINA
CHARLESTON DIVISION

IN RE: AQUEOUS FILM-FORMING FOAMS PRODUCTS LIABILITY LITIGATION	)	**MDL No. 2:18-mn-2873-RMG**

PLAINTIFF PROFILE FORM ("PPF")

In completing this Plaintiff Profile Form, you are under oath, subject to the penalties of perjury, and must provide information that is true and correct to the best of your knowledge. If you are filling this form out on behalf of someone who has died, is incapacitated, or is a minor, then the questions relate to the deceased person, incapacitated person, or minor asserting claims in the lawsuit. "You" or "Your" shall refer to either the plaintiff who is seeking recovery for alleged personal injury/bodily injury or, if applicable, the deceased person, incapacitated person, or minor asserting claims in the lawsuit. Where information is requested, you are required to provide the information available to you, including information available to you in a representative capacity if you are completing this Plaintiff Profile Form for another (*e.g.*, for an incapacitated adult or minor). If you cannot recall all the details requested, please provide as much information as you can. You must complete the Plaintiff Profile Form in accordance with the requirements and guidelines set forth in the applicable Case Management Order(s).

ALL ASPECTS OF THIS PLAINTIFF PROFILE FORM ARE DESIGNATED AS CONFIDENTIAL AND COVERED BY THE PROTECTIVE ORDER.

COMPLETION OF THIS PLAINTIFF PROFILE FORM IS IN ADDITION TO EACH PLAINTIFF'S OBLIGATION TO SUBMIT COMPLETED PLAINTIFF FACT SHEET(S) PURSUANT TO CASE MANAGEMENT ORDER NO. 5. ALL OBLIGATIONS UNDER CMO 5 REMAIN IN EFFECT

1. Plaintiff's Name: _____
2. Name of Person completing this Form (if different than Plaintiff):_____
3. Plaintiff's DOB: _____
4. Plaintiff Law Firm: _____

5. Caption of Case[1]: _____

6. Docket Number of Case[1]: _____

7. Are you completing this Profile Form in a representative capacity (on behalf of the estate of a deceased person, an incapacitated adult, or a minor)? ☐ Yes ☐ No

   a. If Yes, State your name: _____
      and Date of Birth:_____/_____/_____

   b. Are you acting on behalf of a deceased individual? ☐ Yes ☐ No

      If so, state their date of death: _____/_____/_____

      State their cause of death (if you know): _____

   c. Are you answering on behalf of a person under the age of 18? ☐ Yes ☐ No

      If so, state their date of birth: _____/_____/_____

   d. If you answered No to b and c above, state the reason you are acting on behalf of the plaintiff:
      _____

   e. State your relationship to the plaintiff: _____

I. Exposure:

A. Do you allege exposure to AFFF through drinking water? ☐ Yes ☐ No
If Yes, please complete questions A.1-4 below:

1. Identify the address(es) at which you claim exposure to AFFF-contaminated water, the water provider or private well which services that address, and the years in which you allege exposure began and ended:

Street Address of Location of Contaminated Water	City	State	Zip Code	Name of Water Provider	Year Start (Approx)	Year End (Approx)

[1]Case caption and docket information must be provided for your individual case in this MDL. PPFs providing case information from when the case was pending before any other court prior to transfer or identifying the master MDL case caption and/or docket number will be deemed deficient.

Provide all information above to the best of your ability. If you do not recall the details of any of the information above, such as precise addresses, the name of your water provider or the years in which you resided at a residence, provide as much detail as you can or your best estimate.

2. Produce records or other information in your possession that documents that you worked, lived, attended school, or otherwise were exposed to water at each of the address(es) identified above.

3. Produce documents, testing data and/or other information in your possession that demonstrates that the water district(s) or private well that you identified above is or was at any time contaminated with PFOA and/or PFOS. You may use publicly-available information to respond to this question provided you or your counsel produce a copy of any such information on which you rely or identify, by bates number, a previously produced document.

4. Identify the locations(s) at which you believe AFFF was used in a manner which resulted in the exposure you allege occurred at the addresses listed in response to question I.A.1 above. Identify all AFFF products which you believe were used at such location, if known. Provide as much detail as possible:

Location(s) of AFFF Use	Product	Manufacturer

If you have any additional information in response to Questions 1-4 above that you have not already provided, including supporting documents, please provide that information below and/or produce such supporting documents.

_____

_____

_____

_____

B. Do you allege direct exposure to AFFF? ☐ **Yes** ☐ **No**
If Yes, please complete questions B.1-4 below:

1. Identify the location(s) where you were exposed to AFFF directly:

Street Address of Location	City	State	Zip Code	Name of Location (i.e. Name of Fire Department, Airport, Fire Training Facility, Military Site, etc.)	Type of Location	Year Start (Approx)	Year End (Approx)

2. In what way(s) did this alleged direct exposure occur (you may check all that apply):
   a. Sprayed foam: ☐ Yes ☐ No
   b. Handling of foam containers: ☐ Yes ☐ No
   c. Accidental release of foam: ☐ Yes ☐ No
   d. Foam discharge from fixed system: ☐ Yes ☐ No
   e. Spill of AFFF concentrate: ☐ Yes ☐ No
   f. Cleaning AFFF-related equipment: ☐ Yes ☐ No
   g. Other (describe): ☐ Yes ☐ No

   _____

   _____

   _____

3. Identify all AFFF products to which you were directly exposed, if known. If you do not recall exact answers to any of the questions below, provide as much detail as possible:

Product Name	Manufacturer	Location(s) of Exposure(s)	Duration/Frequency of Exposure(s)

4. Produce documents or other information in your possession that evidence the alleged direct exposure.

C. Do you allege exposure to PFAS containing Turnout Gear? ☐ Yes ☐ No
If Yes, you are required to complete the separate Turnout Gear Specific Fact Sheet pursuant to CMO 5F.

II. Claimed Personal Injuries

A. Please indicate alleged injuries claimed in your lawsuit:

Kidney Cancer: ☐ Yes ☐ No

Testicular Cancer: ☐ Yes ☐ No

Thyroid Disease: ☐ Yes ☐ No

Ulcerative Colitis: ☐ Yes ☐ No

Pregnancy-Induced Hypertension: ☐ Yes ☐ No

High Cholesterol: ☐ Yes ☐ No

Liver Cancer: ☐ Yes ☐ No

Thyroid Cancer: ☐ Yes ☐ No

Other (Unlisted) Injury* (1 per line): ☐ Yes ☐ No

1) _____

2) _____

3) _____

4) _____

* Only check or list the primary injury or injuries you are alleging and directly claiming in this action. Do not include any injuries which exist solely as damages or as a direct result of one of the listed injuries above. For example, a plaintiff alleging kidney cancer should not separately list treatments for kidney cancer (such as a nephrectomy to remove the kidney or chemotherapy, etc.), secondary injuries which occurred as a direct result of kidney cancer or its treatment (such as metastasis of the cancer to other organs or injuries/sequela from any chemotherapy, etc.), or damages caused by kidney cancer (such as pain and suffering, emotional distress, fatigue, inability to sleep, or other impacts from their injury). Damages and/or direct result secondary injury allegations resulting from the injury or injuries checked above are preserved for future discovery and trial and are beyond what is being sought in this PPF at this time.

**Please refer to Second Amended Case Management Order No. 28 for the requirements specific to unlisted injuries.

B. Please indicate the damages you sustained from the personal injury(ies) identified above. Provide your best estimate of damages incurred as of the date you complete this PPF. If you are unable to provide any estimate for your damages list Unsure or To Be Determined. No amount need be entered for pain and suffering:

1. Pain and suffering	☐ Yes ☐ No	[redacted]
2. Out-of-pocket medical expenses	☐ Yes ☐ No	$_____
3. Lost wages/business	☐ Yes ☐ No	$_____
4. Other (describe below)	☐ Yes ☐ No	$_____

_____
_____
_____
_____
_____
_____
_____

C. Produce any and all records in your possession that evidence the amount of damages, if any, identified in response to items II.B.2-4 above, such as medical bills, receipts, invoices, employment records, or other similar documents.

D. Please identify all relevant medical providers who diagnosed these injury(ies) and rendered care and treatment for these injury(ies) to the extent they were not previously disclosed in your plaintiff fact sheet:

Healthcare Provider Name	Address	Approx. Dates of Treatment	Reason for Treatment

E. Produce medical records in your possession, including all records available to you upon request to your healthcare provider(s): (1) that evidence the diagnosis of your injury (if available) and/or (2) that evidence the injuries claimed above.

VERIFICATION OF PLAINTIFF

I declare under penalty of perjury subject to all applicable laws, that I have carefully reviewed the final copy of this Plaintiff Profile Form and verified that all of the information provided is true and correct to the best of my knowledge, information and belief.

_____
Signature of Plaintiff[2]

_____
Print Name

_____
Date

[2] For purposes of this verification, either a handwritten signature or verified electronic signature is required. A verified electronic signature can include a signature obtained through a reputable third-party vendor, such as DocuSign, or through a verification of identity obtained through the electronic portal used to enter the information requested in this form.